

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

~~DEFENDANT~~

FILED

MAR 10 2008

MARTIN C. ASHMAN
UNITED STATES MAGISTRATE JUDGE
UNITED STATES DISTRICT COURT

PERSON REPRESENTED (Show your full name)

SHAMULSDEEN ASEKUN

CHARGE/OFFENSE (describe if applicable & check box →)

21 use 841(a)(1)

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

08 CR 204-1

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ 1100.00	IF YES, give month and year of last employment: _____ How much did you earn per month? \$ _____
		If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, how much does your Spouse earn per month? \$ UNK
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES
CASH	Have you any cash on hand or money in savings or checking account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ 700.00 - 900.00		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION
		UNK.	CAR ACCORD REBUILT
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents
		<input checked="" type="checkbox"/> SINGLE	
		<input checked="" type="checkbox"/> MARRIED	8
		<input type="checkbox"/> WIDOWED	
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Credit	
	Rent	\$ 595.00	\$ 595.00
	Phone, Cable	\$ 20.00	\$ 20.00
	Credit Card	\$ 600.00	\$
	GAS CARD	\$	\$ 100.00

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
